

State of California—Health and Human Services Agency

Department of Health Services



March 19, 2004

TO: PROSPECTIVE APPLICANTS

SUBJECT: REQUEST FOR APPLICATION (RFA) TCS 04-101

LEGAL AND POLICY TECHNICAL ASSISTANCE AND TRAINING

ADDENDUM NUMBER 1

On March 8, 2004, the California Department of Health Services, Tobacco Control Section (CDHS/TCS), released RFA 04-101 entitled "Legal and Policy Technical Assistance and Training." Since the release of the RFA, corrections/changes were made that need to be incorporated into your copy of the RFA.

Appendix E, Scope of Work Instructions, and Appendix F, Budget Sample are the replacement pages for your copy of the RFA. Please discard the original pages and insert the replacement pages. The strikeout and underline area indicates the changes.

During the Informational Teleconference, individuals requested the link to the full report of the "Technical Assistance and Training Survey Findings of TCS-Funded Projects," pages 8 through 10. Following is the requested link: http://www.surveymonkey.com/Report.asp?U=32257331937

We apologize for any inconvenience that these changes may cause.

Should you have any questions regarding this addendum, please contact Diane Cusenza, Contract Manager, TCS, at (916) 449-5469.

Sincerely,

Dileep G. Bal, M.D., Chief Cancer Control Section

Enclosures

Exhibit A

Scope of Work Instructions Agency Name: Grant Number:

Project Name:	Revision Date:				Report Period:			
Objectives/Activities/Evaluation	Copyright	Percentage	Start/ End Date	Who Is Responsible	Tracking Measures	-	Actual Date(s) Completed	
Priority Area: State one or two of the priority areas (e.g., Counter Pro-Tobacco Influences in the Community; Reduce Exposure to SHS; Reduce Availability of Tobacco Products; or Increase Availability of Cessation Services). In outline format, state an objective and following each objective, describe the intervention to be implemented to achieve the objective. Immediately following the description of the intervention, describe the outcome evaluation plan. Process evaluation activities are listed in column 6. 1. Outcome Specific Objective: The objectives should be measurable and clearly identify the expected result or outcome. It should state how much change will occur, for what target group, when the objective will be met and what location. A good objective is measurable, quantifiable, and time limited. Objective should also identify the Indicator being addresses and the Primary status. If this objective is a "Primary Objective" place a "(P)" at the end of the objective. Also, identify the CX indicator being addressed by placing its number at the end of the objective. Example: By 4/30/05 the City of OZ will enact a policy to license tobacco retailers. A. Intervention Categories: Group activities under major intervention categories: Community Education; Coordination/Collaboration; Educational Materials Development; Incentive Items; Media; Mini-Grants; Policy; Promotional Items; School-based Education; Sponsorship; and Training/Technical Assistance, with activities listed chronologically within each category. B. Intervention Activities: Use an outline format to describe the activities to be conducted to achieve the objective. Describe the planning, collaboration, educational, policy, media, and training activities used to achieve the objective. List these in chronological order. The description should describe your target group, what will be done, and how much will be done, and how much will be done. This should include the steps, methods and strategies to educate and mobilize the community. The intervention	Indicate if the activity involves development of a product such as a brochure, poster, ad, manual, etc. for which there should be a copyright by placing the sign "©".	For each program deliverable, indicate a percent between 0.5 percent and 100 percent that reflects the value or percent of effort by staff and budget. Total percentage s assigned may not be less than or greater than 100 percent.	List the progress report periods during which each program and evaluation activity is expected to start and end. The progress report periods are: 07/03-12/03 01/04-06/04 07/04-12/04 01/05-06/05.	Identify who is responsible for conducting or participating in the major activities. This may include staff, coalition members or community volunteers, evaluation consultant, etc. Please list the position title. If using acronyms, please indicate what the acronym stands for.	Describe the tracking measures which document that the process oriented activities were completed. Examples of tracking measures include: sign-in sheets, press releases, survey instruments, evaluation reports, etc. Some tracking measures such as meeting notes, individual registration forms completed, and others may be kept "on file in office." Place a plus sign (+) beside the tracking measure you would like to		` '	
solutions, and action steps. C. Outcome Evaluation Activities: Describe the evaluation design, methodology, data collection and analysis, and plan for disseminating evaluation findings.					keep on file in your office. These items must be on file in the event of an audit			

Name of Grantee: ABC Community Agency

Grant Number: 04-xxxxx

Term: 7/1/04-6/30/07	Revision Date:							
	Pay Period	No. of Pay Periods Per Year	Salary Range	Percentage of time or hours per pay period	YEAR 1 7/1/04- 6/30/05	YEAR 2 7/1/05- 6/30/06	<u>YEAR 3</u> 7/1/06- 6/30/07	Total Budget
A. PERSONNEL COSTS								
Project Director	S	24	\$4,220 to \$5,274	50	\$0	\$0	\$0	\$0
Project Coordinator	S	24	\$3,840 to \$4,000	100	\$0	\$0	\$0	\$0
Health Educator	S	24	\$3,110 to \$3,500	100	\$0	\$0	\$0	
Project Assistant	S	24	\$3,130 to \$3,805	100	\$0	\$0	\$0	\$0
5. Secretary	Н	24	\$2,525 to \$3,072	100	\$0	\$0	\$0	\$0
			TOTAL PERSON	INEL COSTS:	\$0	\$0	\$0	\$0
B. FRINGE BENEFITS @ XX percent to XX pe	ercent of	Total Pers	onnel Costs		\$0	\$0	\$0	\$0
		ТОТ	AL PERSONNEL	EXPENSES:	\$0	\$0	\$0	
C. OPERATING EXPENSES					\$0	\$0	\$0	\$0
D. EQUIPMENT EXPENSES Not applicable to this RFA. ENTER ZERO.					\$0	\$0	\$0	
E. TRAVEL/PER DIEM and TRAINING					\$0	\$0	\$0	\$0
F. SUBCONTRACTS and CONSULTANTS					\$0	\$0	\$0	
1. Mini-Grants Not applicable to this RFA. ENTER ZERO.					\$0	\$0	\$0	\$0
Evaluation Consultant					\$0	\$0	\$0	\$0
3. ABC Company					\$0	\$0	\$0	\$0
TOTAL SUBCONTRACTS and CONSULTANTS:					\$0	\$0	\$0	\$0
G. OTHER COSTS					\$0	\$0	\$0	\$0
Educational Materials					\$0	\$0	\$0	\$0
Promotional Items					\$0	\$0	\$0	\$0
3. Incentives Not applicable to this RFA.	ENTER Z	ERO.						
4. Media					\$0	\$0	\$0	
5. Sponsorships					\$0	\$0	\$0	
Use additional line items if necessary				l	\$0	\$0	\$0	\$0
			TOTAL OT	HER COSTS:	\$0	\$0	\$0	\$0
H. INDIRECT EXPENSES @ XX percent to XX	(percent	of Total P	ersonnel Expens	es	\$0	\$0	\$0	\$0
			TOTAL	EXPENSES:	\$0	\$0	\$0	\$0